

REMARKS

Claims 17-30 remain in this application. Claims 17-22 have been amended, and claims 23-30 are new.

In the Specification, the title has been amended to more clearly describe the present invention. In addition, the Abstract has been amended such that it is now less than 150 words.

Claim 4 was rejected under 35 U.S.C. §112, second paragraph; claims 1-6 and 13-15 were rejected under 35 U.S.C. §101; claims 1-6 and 13-14 were rejected under 35 U.S.C. §102(b) as being unpatentable under Garcia (US 5,065,315); claims 7-9, 11 and 16 were rejected under 35 U.S.C. §103(a) as being unpatentable under Garcia and Filler (US PG Pub# 2110/0051881); claims 10 and 12 were rejected under 35 U.S.C. §103(a) as being unpatentable under Garcia, Filler and Yu et al (US 5,930,804); and claim 15 was rejected under 35 U.S.C. §103(a) as being unpatentable under Garcia and Zimmerman et al. These rejections are believed to now be moot in view of the cancellation of claims 1-16 to reduce the issues for consideration in the present application.

The Examiner further indicated that the limitations of claims 17-22 were rejected for the same reasons as given for claims 7, 1, 11, 8, 9 and 10.

Initially, it should be noted that claim 17 has been substantially amended to recite the elements of the present system in a manner which distinguishes it from the cited prior art. Specifically, claim 17 now recites a system for managing healthcare claims in which payment from payors, e.g. insurers including Medicare, Medicaid, and Managed Care Companies (HMO's, PPO's), to healthcare providers is ensured. Each payor may have documentation requirements unique to that payor, including particular authorizations, renewed authorizations, physician or patient signature requirements, benefit limitations, etc., where if any one of the documents is missing or expired, the payor may refuse payment until completion of the documentation. A centralized management unit, including a database management software system, is recited connected by a communication network to the different patient account software systems of a plurality of separate healthcare providers. The centralized management unit identifies deficient or missing account information, based on the requirements of the particular payor, and forwards notifications to each of the healthcare providers of the missing patient account

information to enable each healthcare provider to perform follow up processes, such as contacting particular physicians or patients associated with the accounts or taking steps to extend benefits, and thereby ensure that timely payments may be received following discharge and billing of the patient from the healthcare provider. Efficiencies are obtained in identifying gaps in patient account information by having a plurality of healthcare providers, such as a plurality of separate hospitals, each with its own independent patient accounting system, communicate with the centralized management unit to obtain information on any oversight made by the healthcare provider in completing required information. Further, the centralized management unit operates as a centralized source of current information on the different payor information requirements, which may change over time, to maintain the records of the different healthcare providers complete with reference to the payor information requirements.

Garcia discloses a computerized system for maintaining and generating medical records for patients within a hospital and for scheduling hospital services for patients. That is, Garcia contemplates a system operating within a single healthcare provider, a hospital, to provide medical record maintenance, generation and scheduling services. At column 2, lines 9-13, Garcia states:

“Each of the various hospital service departments receive instructions and/or provide results or comments to terminals 24 associated in their area. Further, billing information is normally taken from the provision of the results or comments indicating that the ordered service has been completed.”

The operation of the system of Garcia does not reference a database management software system in a centralized management unit, separate from a patient account software system of the healthcare provider, accessing patient account information, identifying missing information from patient accounts with reference to payor requirements, and generating and transmitting a notification of missing information that is required prior to billing of medical services. Further, there is no disclosure or teaching of the system of Garcia being connected to or communicating with different patient account software systems of different healthcare providers to generate and transmit to the healthcare providers notifications that information in patient accounts maintained by the

healthcare providers is lacking or missing identified information that particular payors require for completion of billing.

Considering Garcia in combination with Filler, it is noted that Filler is directed to a medical diagnostic system that comprises a network based distributed medical diagnostic system. Filler discloses protecting transferred patient records through use of encrypted communication. The medical services network is managed by providing diagnostic data from a diagnostic service source to a reading physician to generate an interpretation. The interpretation and diagnostic data may be stored in a database and may be transmitted to a display via a network. In addition, billing codes and related documentation may also be generated and transmitted to an insurer (paragraph 21). In one described embodiment, an insurer of the patient may be notified about a diagnostic service utilizing the network to facilitate payment of various services (paragraph 26). There is no disclosure in Filler to provide a communication to a healthcare provider comprising a notification to the healthcare provider of a deficiency or missing information with reference to particular payor information requirements.

The Examiner suggested that the teachings of Filler may be incorporated within the system of Garcia to "enable sharing of information amongst the various health care and diagnostic services providers who might need to access the data, but who are often located at remote locations from one another." Such a combination would not provide a teaching of the present invention. Specifically, neither Filler nor Garcia, taken singly or in combination, disclose or suggest providing a centralized management unit having a database management software system operating in communication with the patient account software systems of a plurality of separate healthcare providers to obtain patient account information from the separate healthcare providers, identify deficient or missing information by referencing the payor information requirements for patient accounts with respective account information provided from the healthcare provider, and sending a notification relating to the deficient or missing information to enable the healthcare provider to correct the deficiency. Further, none of the other cited prior art discloses or suggests providing the recited communication and notifications for enabling billing to payors having predetermined information requirements as provided by the system recited for the present invention.

Claims 23-30 have been included as new claims, and these claims are believed to further recite limitations not disclosed or suggested by the prior art. For example, claim 23 recites that the notification provided to the healthcare providers is provided as a listing of patient accounts for the health care provider with an identification of the missing information associated with each account listed, as illustrated in Figs. 3b, 4b, 5b, 5c, 6b, 6c and 7b; claims 24 and 25 recite that the notification comprises potential authorization and benefit problems, respectively; claim 26 recites that the plurality of payors comprise insurance providers; claim 27 recites that the centralized management unit comprises a plurality of computer workstations for transferring information including notifications to the healthcare providers; claim 28 recites that the system includes a plurality of encryption devices for establishing an encrypted session; claim 29 recites that the notifications are generated based on information from predetermined flashpoints in patient accounts maintained in the healthcare provider account software system; and claim 30 recites specific flashpoints defining predetermined times that the centralized management unit identifies missing information in the patient lifecycle and at which time it sends out the notifications. It is respectfully submitted that the prior art does not disclose these further limitations in the context of a system disclosed in the present application, nor are such limitations taught or suggested.

In view of the foregoing remarks, it is respectfully submitted that claims 17-30 define patentably over the prior art.

If the present amendment raises any questions or the Examiner believes that an interview would facilitate prosecution of the present application, the Examiner is respectfully requested to contact the undersigned attorney.

Respectfully submitted,

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